



**APPLICATION FOR LICENSURE AS AN
ARMED PRIVATE INVESTIGATOR**

BUSINESS AND PROFESSIONS DIVISION
PUBLIC PROTECTION UNIT
PRIVATE INVESTIGATOR SECTION
PO BOX 9048
OLYMPIA, WA 98507-9048
(360) 664-6611
FAX (360) 570-7888

- ☐ **New Applicant \$100.00** (In addition to \$150.00 Unarmed PI application fee)
☐ **Transfer/Rehire \$25.00** (In addition to renewal fee, if due)
 Make check payable to: **STATE TREASURER**

FOR VALIDATION ONLY

001-070-299-0014

Applicant should either already be licensed as an unarmed private investigator OR submit a completed unarmed private investigator application and fee with this application.

**Send this application with your remittance to:
Department of Licensing
Public Protection Unit
PO Box 9048
Olympia, WA 98507-9048**

Applicant Information

Please type or print clearly and sign on page 2

Applicant's Last Name		First Name		Middle Initial	Date of Birth
Applicant's Residence Address (Street)					
City		State	Zip Code	Home Telephone No. ()	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		Social Security No. (per RCW 26.23.150)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Business Name			Company Lic. No.		Company Lic. Expiration Date
Business Address (Number and Street)					
City		State	Zip Code	County	
Business Telephone No. ()		Fax No. ()			

Certification Course

You are required to complete an eight-hour firearms certification course provided by a certified firearms instructor. The Criminal Justice Training Commission will notify the Department of Licensing directly when you have met this requirement.

Applicant - respond to all questions below. If you answer "yes" to any, attach a separate sheet with explanation.

	Yes	No
1. Have you ever been found guilty of divulging confidential information obtained in the course of an investigation to which you were assigned?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been found guilty of making a material misstatement or omission in the application for or renewal of a license or firearms certification?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been found guilty of incompetence or negligence that resulted in injury to a person or created an unreasonable risk that a person could have been harmed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been found guilty of accepting employment that was adverse to a client or former client as it related to confidential information you obtained in the course of your employment by the client?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of any act involving unethical or immoral behavior?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a gross misdemeanor or felony as a juvenile or adult?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had a private investigator license suspended, revoked, or restricted? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____)	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever held a private investigator license in any other state or jurisdiction? If "yes," in what jurisdiction? (Please insert name of state _____ and date _____)	<input type="checkbox"/>	<input type="checkbox"/>

If any conviction was dismissed, please enclose copies of the court documents.

sign on page 2

As part of the application process, the Department of Licensing conducts background checks for criminal convictions on applicants.



Please provide one clear fingerprint card with this application.

Certification - *Mandatory Signature*

I, _____, certify that the information provided in this application
Print Applicant's Name (First, Middle, Last)
and any supporting documents, is true, complete, and correct to the best of my knowledge. I understand that should I misrepresent or conceal any material fact(s) in my application for a private security guard license, it constitutes grounds for denial or suspension of a license. I understand that the Department of Licensing may conduct a complete background investigation regarding my application pursuant to Chapter 18.165 RCW.

X _____ Date _____
Signature of Applicant

Authorization - *Voluntary Signature*

I, _____, **voluntarily** authorize the Department of Licensing to
Print Applicant's Name (First, Middle, Last)
release any and all criminal history information so obtained to my employer, or to my prospective employer.

X _____ Date _____
Signature of Applicant

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**